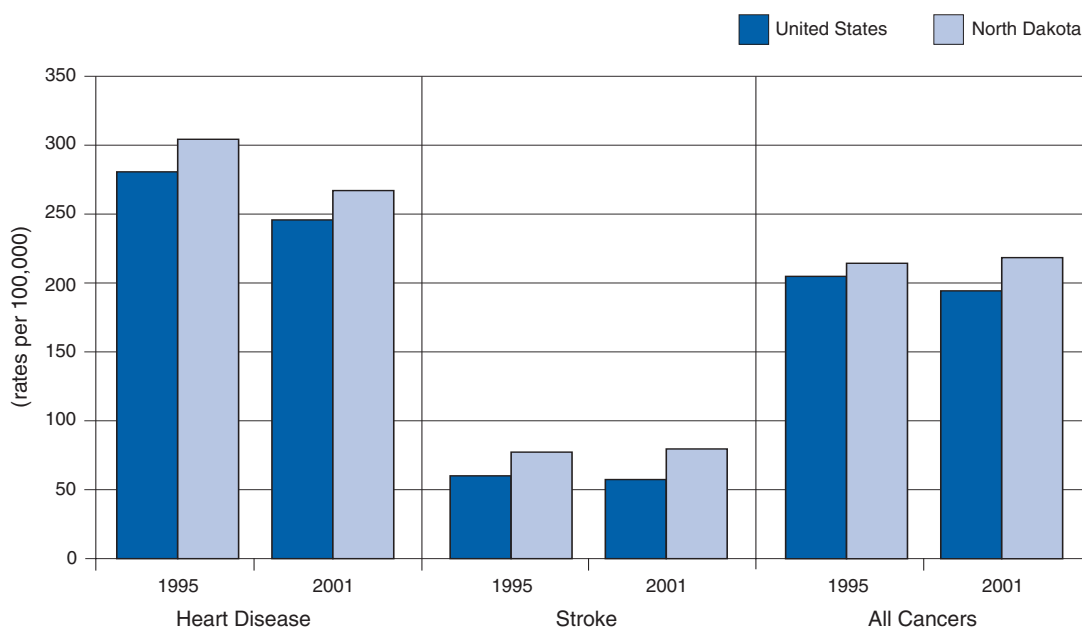


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and North Dakota, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

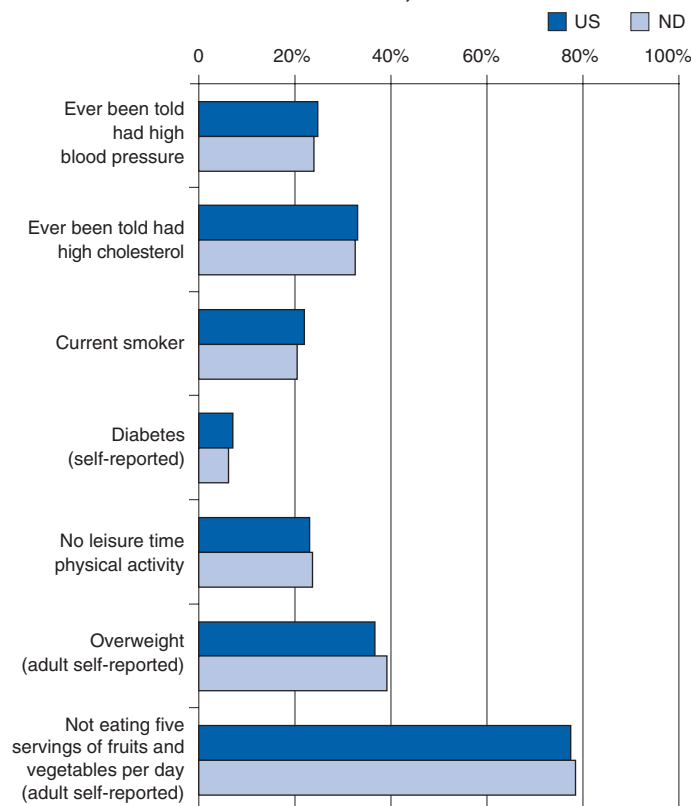
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in North Dakota, accounting for 1,700 deaths or approximately 28% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 507 deaths or approximately 8% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 1,340 are expected in North Dakota. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 3,250 new cases that are likely to be diagnosed in North Dakota.

Estimated Cancer Deaths, 2004

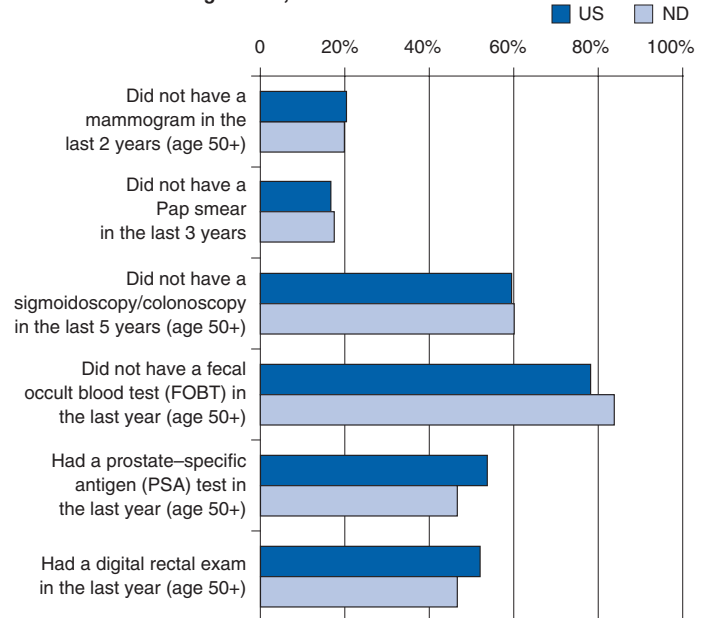
Cause of death	US	ND
All Cancers	563,700	1,340
Breast (female)	40,110	100
Colorectal	56,730	140
Lung and Bronchus	160,440	330
Prostate	29,900	70

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

North Dakota's Chronic Disease Program Accomplishments

Examples of North Dakota's Prevention Successes

- Statistically significant decreases in cancer deaths among men and women of all races. Cancer deaths among men decreased from 257.0 per 100,000 in 1990 to 241.4 per 100,000 in 2000. Among women, cancer deaths decreased from 160.8 per 100,000 in 1990 to 142.5 per 100,000 in 2000.
- A 23.4% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 43.3% in 1992 to 19.9% in 2002).
- Lower prevalence rates than the corresponding national rates for individuals who reported being told by a doctor that they had diabetes (6.2% in North Dakota versus 7.1% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to North Dakota in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for North Dakota, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>North Dakota BRFSS</i>	\$163,866
National Program of Cancer Registries <i>North Dakota Cancer Registry</i>	\$196,567
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$300,000
Diabetes Control Program <i>Diabetes Collaborative</i> <i>Diabetes Today</i>	\$269,500
National Breast and Cervical Cancer Early Detection Program <i>Women's Way</i>	\$1,053,359
National Comprehensive Cancer Control Program	\$150,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>North Dakota Tobacco Prevention and Control Program</i>	\$1,129,745
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$3,263,037

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in North Dakota that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Child and Adult Obesity

Many young children, adolescents, and young adults in North Dakota are overweight because today's lifestyles promote poor eating habits and physical inactivity. In 1999, about 8% of North Dakotan children ages 3 to 4 in the Women, Infants, and Children (WIC) program were overweight (greater than the 95th percentile in weight for height). Between 1993 and 1999, the percentage of overweight American Indian/Alaska Native children in this age group was almost double the percentage for their white counterparts.

Data from CDC's Youth Risk Behavior Survey show that in 1999, about 20% of teens in North Dakota were overweight or were at risk of becoming overweight (greater than the 85th percentile body mass index [BMI]); in contrast, more than 40% of the state's teen girls thought they were overweight and more than 60% were trying to lose weight. A perception of being overweight and dieting to lose weight put many of these teens at risk of developing an eating disorder. Only 45% of young adults in North Dakota aged 20 to 24 had a BMI of 20 to 24.9, which is considered a healthy weight. Adults in North Dakota also have weight problems. Data from CDC's 2002 Behavioral Risk Factor Surveillance System indicate that 38.2% of adults in North Dakota were overweight (compared with 37.0% of adults nationally), and 23.4% were obese (compared with 22.2% of adults nationally).

In response to this problem, the North Dakota Department of Health's Division of Maternal and Child Health (MCH) provides a number of collaborative activities to promote healthy weight and a healthy lifestyle to North Dakota's residents. An MCH staff member leads an Obesity Prevention Work Group (OPWG) comprising programs from several public and private agencies. Among its many activities, the OPWG sponsors conferences such as the 2001 Eat Well, Play More: Promoting Healthy Weight in North Dakota Children. MCH also supports the development of the 5 Plus 5 Communities through the North Dakota Health Heart Council. The 5 Plus 5 Communities work to encourage North Dakotans to eat 5 servings of fruits and vegetables per day, and to increase physical activity to 30 minutes per day, 5 days per week. In addition to the OPWG, staff members from the Special Nutrition Program for WIC are promoting behaviors that prevent obesity.

Text adapted from Promoting Healthy Weight: Maternal and Child Health Fact Sheet (n.d.).

Disparities in Health

Across the country, American Indians and Alaska Natives (AI/ANs) comprise more than 500 federally recognized tribes and represent 1% of the U.S. population. In North Dakota, almost 5% of the population is AI/AN. Compared with other racial and ethnic minorities AI/ANs have the highest poverty rate, 26%, which is 2 times the national rate. In addition to high poverty levels, AI/ANs are experiencing increasing health disparities.

American Indians/Alaska Natives in North Dakota and the surrounding region have the shortest average life span of AI/ANs in the United States. Many believe this is due to inadequate health care for this population. According to the Center for Rural Health, on average, AI/ANs in North Dakota live to be 64 years old—12 years less than the average life span of 76 years for the AI/AN population in California, and 13 years less than the national average of 77 years.

In 2001, the leading causes of death for AI/ANs in North Dakota were cancer, heart disease, accidents, diabetes, and chronic liver disease. Cancer accounted for 20% of all AI/AN deaths, and heart disease accounted for 19% of all AI/AN deaths. AI/ANs in North Dakota have a heart disease death rate that is considerably higher than the rate for whites (792 per 100,000 versus 449 per 100,000), and they have a stroke death rate that is also higher than that of whites (141 per 100,000 versus 121 per 100,000). Diabetes is a preventable cause of death that accounted for 7.6% of AI/AN deaths in North Dakota in 2001, compared with only 3.1% of deaths among whites in North Dakota. In addition, chronic liver disease, the fifth leading cause of death for the state's AI/ANs, accounted for 6.6% of AI/AN deaths in North Dakota in 2001. Among whites in North Dakota, chronic liver disease was not among the top 10 causes of death in 2001.

Data on other disparities in North Dakota are limited, but other disparities affecting AI/ANs in the United States are provided below.

Other Disparities

- **Exercise:** AI/AN women are less likely to exercise than their male counterparts (43% of AI/AN women and 34% of AI/AN men do not exercise).
- **Obesity:** AI/AN women are more likely to be obese (42%) than their male counterparts (36%).
- **Smoking:** AI/AN men are more likely to smoke (30%) than their female counterparts (24%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccdinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>